Workers' Compensation
Part 1: Introduction to FECA
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Topics of Discussion

- Types of Claims
- Types of Benefits
- Rules about Coverage
- Rules about Medical Examination
- * Role of the OH Clinician

FECA: Overview

- Federal Employees Compensation Act (FECA) law
- *Administered by the Department of Labor Office of Workers' Compensation Program (OWCP)
- Purpose of Workers Compensation
 - Medical care and wage loss benefits
 - Help in returning to work

Types of Claims

- *CA-1 Traumatic Injury
- CA-2 Occupational Illness
- CA-2a Recurrence
- CA-5 and CA-6 Death Benefits
- *CA-7 Claim for Wage Replacement

Traumatic Injury

- Condition that develops within 24-hour period due to event at work
- Use form CA-1
 - 3 years to complete by injured employee
 - 14 days to submit to OWCP after receipt by agency
- Agency issues form CA-16 to authorize outside medical care
- Employee unable to work is entitled to 45 days of COP (continuation of pay)
- * After 45 days, a disabled employee must submit a CA-7 for further wage replacement

Occupational Illness

- Condition that develops over time period greater than 24 hours, due to work
- Use form CA-2, same time limits as above
- CA-16 is not used to authorize care
- No COP entitlement
- Employee must file CA-7 for wage loss or take leave if unable to work

Recurrence

- Spontaneous return to disability after return to work
- Use form CA-2a
- CA-16 may be issued at agency's discretion
- * For wage loss, COP if entitlement remains (if still within 45 day period from date of acute injury claim) or file form CA-7

Deaths

- Benefits paid to survivors
- Applies also to delayed death if related to the previously claimed work-related condition
- Agency reports death using form CA-6
- * Family uses claim form CA-5

Rules: Bars to Coverage

- Willful misconduct -- intentional violation of safety rule/regulation
- Intoxication by drugs or alcohol
- Intent to injure self or others
- Note: OWCP claims examiner is unlikely to be aware of these unless informed by the agency – these circumstances warrant agency controversion of claim

Rules: COP

- First 45 days of disability
- Paid by the agency directly
- Applies only to traumatic injuries
- CA-1 must be completed within 30 days of the injury
- Work stoppage must begin within 45 days of the injury
- All remaining COP days must be taken within 45 days of first RTW

Rules: COP Controversion

- COP must be paid unless one of nine reasons listed on CA-1 instructions
- Must be paid even without medical evidence of disability for first 10 days
- Patient has 10 days to provide medical documentation to support claim and extent of disability
- *OWCP HAS FINAL AUTHORITY

Rules: Medical Benefits

- Employee has initial choice of physician
- CA-16 must be issued in traumatic injury claims if completed in 7 days
- All non-invasive services recommended by physician for work injury are payable up to \$1500 without OWCP approval
- Referrals to other physicians from treating physician are authorized
- Employee requested change in physician must have prior OWCP approval
- * All surgeries, except emergency surgery, must be approved by OWCP

Rules: Compensation

- Loss of wage benefits
- Scheduled award benefits (for permanent impairments, e.g. hearing loss, scars, severe disfigurement of head, face, and neck)
- Death benefits
 - funeral allowance
 - transportation of remains
 - administrative payment of \$200.00
 - compensation to survivors
 - lump sum upon remarriage prior to age 55
- Cost of living increases

Rules: Compensation

- Loss of wage benefits
 - *2/3 of salary, tax-free, if no dependents
 - 3/4 of salary, tax-free, if dependents
 - If returned to work but at a lowerpaying job, then difference in pay is made up ("partial wage replacement")

Criteria That Must Be Met for Claim Eligibility

- Time (Statute of limitations)
 - COP......30 days
 - Compensation...........3 years from the date of injury or from the date that the employee recognized that the illness was related to employment
- Civil employee
- Fact of injury
- Performance of duty
- Causal relationship

Rules: Establishing Fact of Injury

- Actual events must be identified
- Detail what happened and how
- Claims examiner will assess credibility
- Claimant has burden to prove alleged events occurred
- Medical evidence is required
- Agency may controvert injury claims or provide contradictory evidence for illness claims (term controversion is restricted to CA-1 claims)

Rules: Performance of Duty

- Events must arise "out of or in the course of" employment
- Multiple events are looked at separately

Recurrence of Disability

Recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which had resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.

Recurrence of Disability

- * This term also means an inability to work that takes place when a light-duty assignment made specifically to accommodate an employee's physical limitations due to his or her work-related injury or illness
 - Is withdrawn (except when such withdrawal occurs for reasons of misconduct, non-performance of job duties or a reduction-in-force)
 - or when the physical requirements of such an assignment are altered so that they exceed his or her established physical limitations.

Recurrence of Medical Condition

- Recurrence of medical condition means a documented need for further medical treatment after release from treatment for the accepted condition or injury when there is no accompanying work stoppage.
- Continuous treatment for the original condition or injury is not considered a "need for further medical treatment after release from treatment," nor is an examination without treatment.

Rules About Medical Care

- Employee has the right to select the physician
- Evaluation in the agency clinic may not interfere with this right, but can be offered (legality of requiring such evaluation, and timing of such evaluation, is under review.)
- Employee may select the on-site physician for injury care if this service is available.
- Change of physician must be requested of OWCP in writing.

Rules About Communication

- Contacting the patient's physician
 - Visiting or telephoning the patient's physician to discuss a case is prohibited
 - Mailing or faxing written communication (copy to OWCP) is allowed
 - Establishing communication channels and relationships through phone calls (not about specific cases) is allowed
 - No prohibitions on case discussion if physician calls you

FECA References

- * Title 5, United States Code, Section 8101 et seq., Federal Employees Compensation Act.
- Title 20, Code of Federal Regulations, Chapter 1, Office of Workers' Compensation Programs, Department of Labor, Parts 1, 10 and 25.
- U.S. Department of Labor, Office of Workers' Compensation Programs, Publication CA 810, Injury Compensation for Federal Employees, A Handbook for Employing Agency Personnel, revised February 1994.

DOD References

- DOD Directive 1400.25, DOD Civilian Personnel Management System, November 1996
- DOD 1400.25-M, Department of Defense Civilian Personnel Manual (CPM), Subchapter 810, Injury Compensation, December 1996, as amended.
- DOD Instruction 6055.1, DOD Safety and Occupational Health (SOH) Program, August 1998.

Army References

- *AR 40-5, *Preventive Medicine*, October 1990.
- *AR 385-10, Army Safety Program, February 2000.
- *AR 385-40, Accident Reporting and Records, November 1994.

Summary

- Complicated system
- System is designed as non-adversarial, focusing on employee rights to benefits
- Agency can best control costs through:
 - Preventing accidents and illnesses
 - Providing case management
 - Offering modified duty
 - Controverting and contesting claims as appropriate